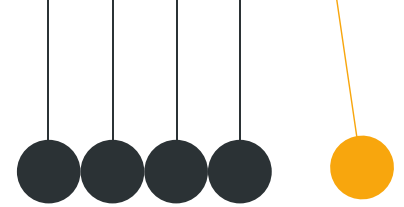


# Evaluating the Free Maternal Health Care Initiative in Ghana

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Health Summit  
Accra, 30th April 2013

[www.hera.eu](http://www.hera.eu)

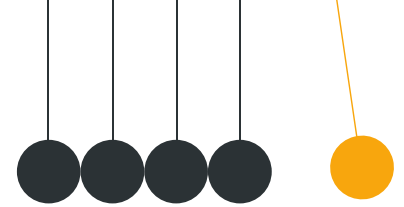


## Objective of the evaluation

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To evaluate the impact of the (2008) free maternal health care policy on the utilisation and the quality of maternal health services

**Terms of Reference**



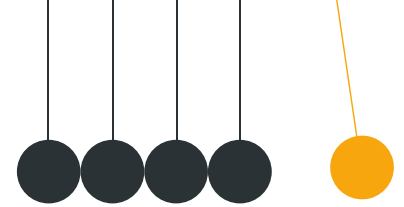
## A health services-based study

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Interviews and data collection about service provision and resource use over a period spanning the announcement of the policy in 2008.

- 128 key informant interviews
- Review of 2,420 maternity records in 21 hospitals
- 15 community group discussions in 3 districts

## Approach

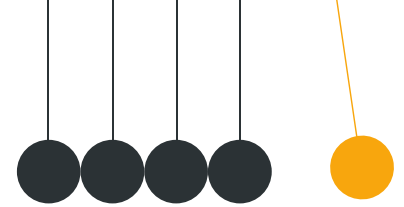


## Origins and nature of the initiative

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- Temporary health insurance registration and premium exemption for pregnant women
- Political announcement with an element of surprise, but part of an effort that started in the 1990s
- Well publicised but no communication strategy

### Findings 1

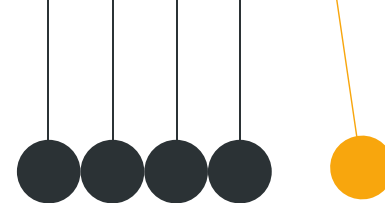


## Service utilisation and quality

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- Increase in number of facility-based deliveries by two thirds between 2007 and 2011
- Doubling in the number of caesarean sections
- Decreasing trend in the institutional maternal mortality ratio (GHS data)
- Improvement in service offer and quality in sampled hospitals since the 2011 EmONC study

### Findings 2

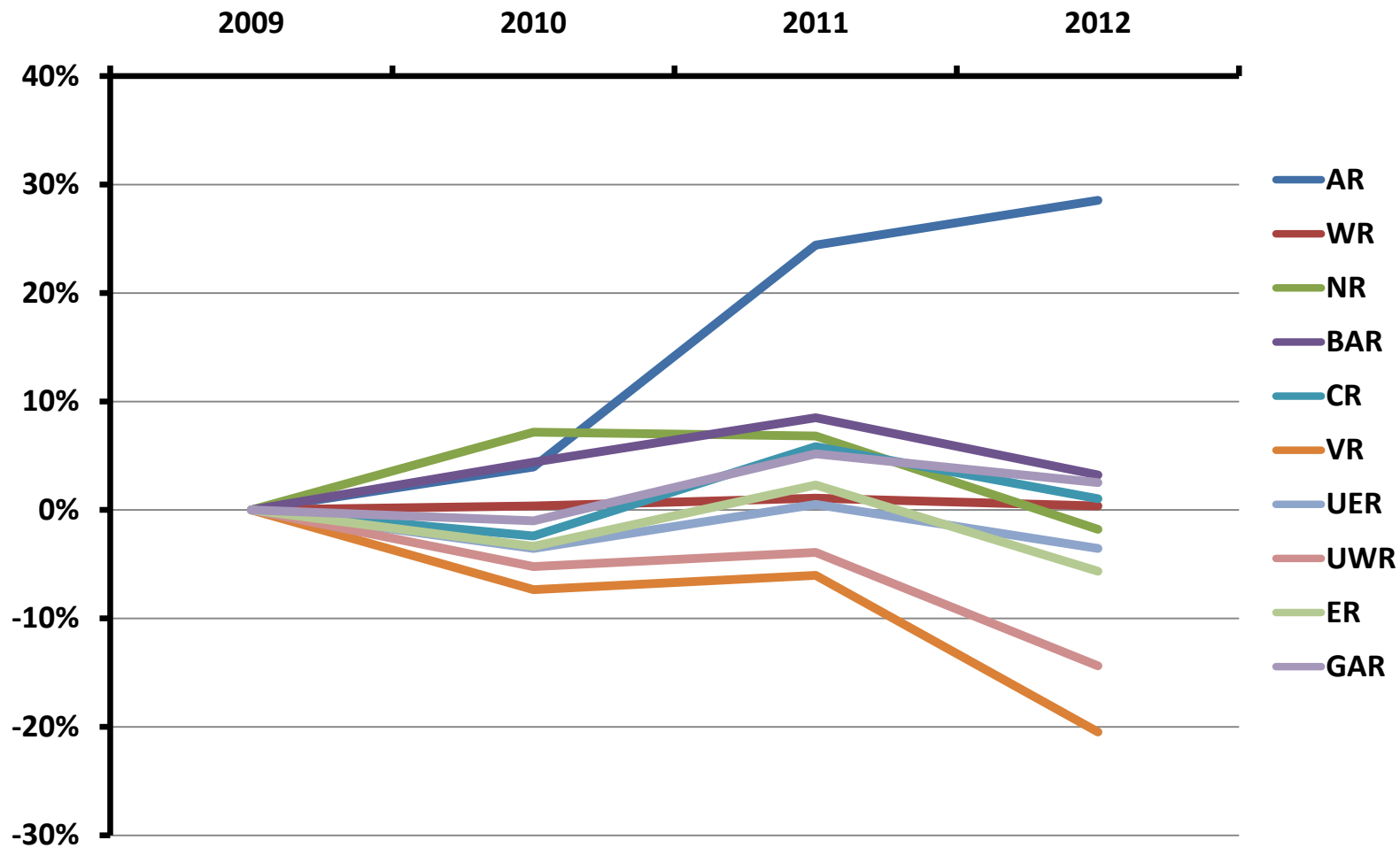
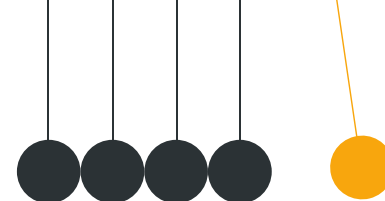


## Health system costs

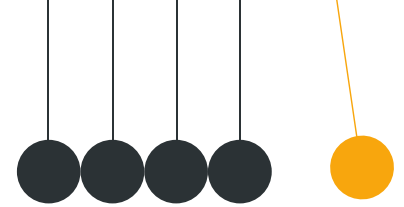
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- Foregone premium collection – insignificant
- Human Resources Cost – significant cost that, until now, is being paid by the providers
- Cost of infrastructure and equipment – contribution of international partners decreasing
- Cost of claims to NHIS: GH¢ 18 – 45M in 2011 (3% - 8% of claims)

### Findings 3



**Percentage changes in midwife population since 2009**



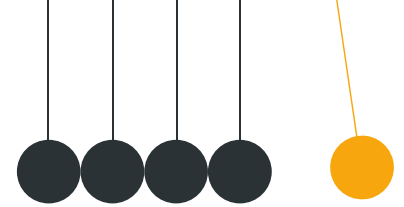
## Relevance and effectiveness

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- Eliminating out-of-pocket payments removed a major barrier to access
- Expanding NHIS was an opportunity to act
- Initiative contributed to a major increase in skilled assistance at delivery
- Other barriers exist, therefore other measures are required

### **Analysis 1**



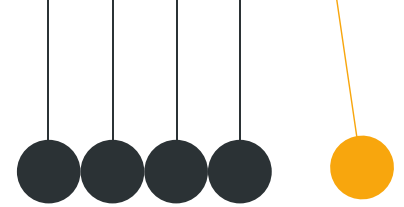


## Value for money and efficiency

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- Low transaction costs because of delivery through the social insurance system
- Cost per DALY saved between 50 and 350 GH¢ - highly cost-effective
- However, many complaints by providers about operational inefficiency of the NHIS – need for continuing improvement

### **Analysis 2**

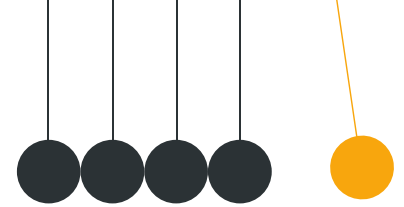


## Impact

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- Estimated 3,000 maternal lives saved over 4 years
- Very high level of appreciation of the initiative among providers and among clients
- Impact on equity could not be assessed because no data available at the facility level (but data from MICS indicate a positive equity effect)

## Analysis 3

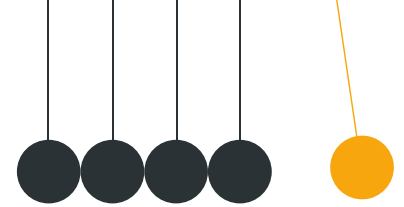


## Sustainability

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- The initiative is as sustainable as the NHIS
- Investment of the NHIF in claims payment has to be matched with investment by the MoH in human resources, infrastructure and equipment
- Gradual introduction of hidden charges due to a combination of NHIS inefficiencies and insufficient supervision is a major challenge to sustainability

### Analysis 4

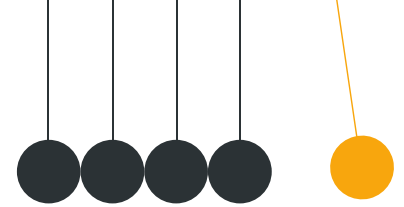


## Main challenges

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- Demand: Barriers to access due to cumbersome registration process; geography; staff attitudes; unexplained and hidden co-payments
- Supply: Shortage and distribution of midwives; inefficiencies in insurance claims payment; uninsured services
- Information: Inconsistent quality of medical record keeping

## Challenges

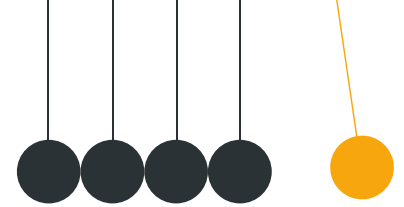


## Main recommendations

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1. Streamline NHIS registration process and consider expansion of insured services
2. Address human resource bottlenecks
3. Bring maternity services closer to the community
4. Increase efficiency of claims processing while effectively supervising to control illegal user charges
5. Increase the client-friendliness of maternity services
6. Implement national medical records standards

## Recommendations

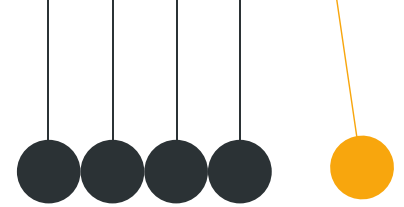


## The core evaluation team

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- Marta Medina, HERA (Team Leader)
- Josef Decosas, HERA (Co-team leader)
- Eric Amuah, HPG
- Kenneth Ofosu-Barko, HPG
- Marc Reveillon, HERA (Quality control)

**Thank you**



## Associated team members

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- Aba Kaadze Enyimayew
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- Stella Arhin
- Alice Louise Asabia
- Charlotte Tawiah Agyemang
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- Rahajatu Buwah
- Sheila Addei
- Vida Ami Kulula

## Credits